PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

appropriate. All further indicated unless correcte maintenance fee notifica	correspondence including ad below or directed oth tions.	ng the Patent, advan- nerwise in Block 1,	ISSUE FEE and PUBLICAT ce orders and notification of r by (a) specifying a new corres	maintenance fees will b	e mailed to the current	correspondence address as	
CURRENT CORRESPOND	ENCE ADDRESS (Note: Vise Bi	ock 1 for any change of add	Fee pap	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
26161	7590 06/01	/2010				mission	
FISH & RICHA	ARDSON PC		I he	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United			
P.O. BOX 1022	Stat	es Postal Service with s	ufficient postage for fir	st class mail in an envelope			
MINNEAPOLIS	, MN 55440-1022		tran	smitted to the USPTO (571) 273-2885, on the d	above, or being facsimile ate indicated below.	
			F	Bridget Brin	man	(Depositor's name)	
			<u> </u>	TO TOK HA	SIMUCIN	(Signature)	
				8-31-0		(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	. AT	ORNEY DOCKET NO.	CONFIRMATION NO.	
10/583,289 11/07/2006			Florina Winter		02894-758US1 06810 8217		
TITLE OF INVENTION							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEI	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0	\$1810	09/01/2010	
EXAMINER		ART UNIT	CLASS-SUBCLASS	J			
SPISICH, MARK		3727	015-167200				
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.			ce or agents OR, alternative (2) the name of a single registered attorney or a 2 registered patent attorney.	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AT	ND RESIDENCE DATA	TO BE PRINTED	ON THE PATENT (print or typ	pe)	 		
recordation as set forth	i in 37 CFR 3.11. Comp	fied below, no assig letion of this form is	nee data will appear on the pa NOT a substitute for filing an	assignment.		ocument has been filed for	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Brain GmbH Kronberg, Germany							
Please check the appropriate assignee category or categories (will not be printed on the patent):							
4a. The following fee(s) a Sissue Fee Publication Fee (No Advance Order - #	re submitted: o small entity discount p of Copies	ermitted)	A check is enclosed. Payment by credit care The Director is hereby	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 16-2480 (enclose an extra copy of this form).			
	SMALL ENTITY statu	s. See 37 CFR 1.27.	b. Applicant is no long				
NOTE: The Issue Fee and interest as shown by the re	Publication Fee (if requescords of the United State	ired) will not be accorded Patent and Traden	epted from anyone other than the name of the properties of the contract of the	he applicant; a registere	d attorney or agent; or th	e assignee or other party in	
Authorized Signature	Dear 91	.4		Date	31-10		
Typed or printed name	George H.	Leal		Registration No.	56,813		
This collection of informa an application. Confidenti submitting the completed this form and/or suggestic Box 1450, Alexandria, Vi	1211114 22313-1430. DO	FR 1.311. The inform U.S.C. 122 and 37 C USPTO. Time will den, should be sent t NOT SEND FEES (nation is required to obtain or note 1.14. This collection is estivary depending upon the indivious the Chief Information Office OR COMPLETED FORMS TO	etain a benefit by the pu imated to take 12 minut idual case. Any comme r, U.S. Patent and Trad D THIS ADDRESS. SE	blic which is to file (and es to complete, includin ints on the amount of the mark Office, U.S. Depo ND TO: Commissioner	by the USPTO to process) g gathering, preparing, and ne you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.